PTO/SB/22 (10-00)

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	PETITIO	Docket Number (Optiona V-020								
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(O " " " " " " " " " " " " " " " " " " "				Application Numbe	r 09/851,400	Filed May 7, 2001				
HOY 0 8 7004 E			NG ANASTOMOTIC NETIC PROPERTIES							
PREMIE TRADENCY				Group Art Unit 3763	Examiner Lina R. Kontos					
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
·	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):									
			One month (37 CFF	1.17(a)(1))		\$				
			Two months (37 CF	R 1.17(a)(2))		\$				
		\boxtimes	Three months (37 C	FR 1.17(a)(3))		\$980				
			Four months (37 Cl	FR 1.17(a)(4))		\$				
			Five months (37 CF	R 1.17(a)(5))		\$				
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown									
			e is reduced by one-h ck in the amount of the	_	tee is: \$490.					
			ent by credit card. For		iched.					
		•	ommissioner has alre			this				

application to Deposit Account No. 50-1247.

I have enclosed a duplicate copy of this sheet.

attorney or agent under 37 CFR 1.34(a).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

The Commissioner is hereby authorized to charge any fees which may be required,

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

or credit any overpayment, to Deposit Account Number 50-1983.

assignee of record of the entire interest. See 37 CFR 3.71

Registration number if acting under 37 CFR 1.34(a).

November 3, 2004

Date

attorney or agent of record.

I am the applicant/inventor.

Jens E. Hoekendijk

Reg. No.: 37,149
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.

1 0		PTO/SB/17 (10-03)					
FEE TRANSMITTAL	Complete if Known						
PER INANSIVITIAL	Application Number	09/851,400					
NOV 0 8 2004 For FY 2004	Filing Date	May 7, 2001					
Effective 1971/2003. Patent fees are subject to annual revision.	First Named Inventor	REO et al.					
Raphient claims small entity status. See 37 CFR 1.27	Examiner Name	Lina R. Kontos					
	Art Unit	3763					
TOTAL AMOUNT OF PAYMENT (\$) 490	Attorney Docket No.	V-020					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					

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METHOD OF DAVMENT (check all that apply)					FFF OALOUR ATTOMY AND AR							
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued) 3. ADDITIONAL FEES							
Check	Credit Ca	ırd 🔲 Mor	ney Order 🔲 Other	None		3. ADD	IIIONAL F	-EES I				
Deposit Acc	ount:					Large	Entity	Small	Entity			
Deposit Account	50-1	247	-			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
Number	50-1	241				1051	130	2051	65	Surcharge - late filing fee or	oath	
						1052	50	2052	25	Surcharge - late provisional f cover sheet.	iling fee or	
Account	Jens E. I	Hoekendijk				1053	130	1053	130	Non-English specification		
Name						1812	2,520	1812	2,520	For filing a request for reexar	mination	—
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments						1804	920*	1804	920*	Requesting publication of SIF Examiner action		
X 7			derpayment of fee(s)			1805	1,840*	1805	1,840*	Requesting publication of SIF Examiner action	R after	
			for the filing fee			1251	110	2251	55	Extension for reply within firs	t month	
to the above-identified deposit account.							110			• •		
	F	EE CALC	ULATION			1252	420	2252	210	Extension for reply within sec	Joria Month	
1. BASIC FI	LING FEE		<u> </u>			1253	950	2253	475	Extension for reply within thir	d month	490
Large Entity	Small Entity	,				1254	1,480	2254	740	Extension for reply within fou	rth month	
Fee Fee	Fee Fe	e Fee Des	scription	Fee Paid		/	1,100			,		
Code (\$)	Code (\$))			_	1255	2,010	2255	1,005	Extension for reply within fifth	n month	
	2001 38	5 Utility fil	ing fee			1401	330	2401	165	Notice of Appeal		
	2002 17	_	filing fee		4	1402	330	2402	165	Filing a brief in support of an	appeal	
	2003 26		•		_	1403	290	2403	145	Request for oral hearing		
	2004 38 2005 80		filing fee nal filing fee		\exists	1451	1,510	1451	1,510	Petition to institute a public u proceeding	se	
_			,		_	1452	110	2452	55	Petition to revive - unavoidal	ble	
SUBTOTAL (1) (\$)					1453	1,330	2453	665	Petition to revive - unintention	nal		
2. EXTRA CL	AIM FEES	S FOR UTI	LITY AND REIS	SUE		1501	1,330	2501	665	Utility issue fee (or reissue)		
						1502	480	2502	240	Design issue fee		
		Extra Claims	Fee from below	Fee Paid		1503	640	2503	320	Plant issue fee		
Total Claims					7	1460	130	1460	130	Petitions to the Commissione	er	
<u> </u>	ᆗ	`			_	1807	50	1807	50	Petitions related to provision		
Independent Claims	** =				_	1806	180	1806	180	applications Submission of Information Di		
Multiple Dependent										Stmt	sciosure	
Large Entity	Small Enti				_	8021	40	8021	40	Recording each patent assig property (times number of pro-		
Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Description	00		1809	770	2809	385	Filing a submission after fina (37 CFR § 1.129(a))	I rejection	
1202 18	2202		Claims in excess of			1810	770	2810	385	For each additional invention	to be	
1201 86 1203 290	2201 2203	43 145	Independent claims Multiple dependent		id					examined (37 CFR § 1.129(b		
1203 290	2203	43	** Reissue independ	lent claims	iu	1801	770	2801	385	Request for Continued Exam (RCE)	ination	
1205 18	2205	9	over original pate ** Reissue claims in	excess of 20		1802	900	1802	900	Request for expedited examination of a design application		
	and over original patent SUBTOTAL (2) (\$)						e (specify)	·				
**or number prev	number previously paid, if greater; For Reissues, see above					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)490			(\$)490			
<u> </u>												

SUBMITTED BY	Cor	Complete (if applicable)				
Name (Print/Type)	Jens E. Hoekendijk	Registration No. (Attorney/Agent)	37,149	Telephone	415-412-3322	
Signature	1656	A		Date	November 3, 2004	